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** CONTINUING DATA *****

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This application is a 371 of PCT/US00/25209 09/15/2000
 which claims benefit of 60/154,305 09/16/1999

** FOREIGN APPLICATIONS *****

None

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	OH	25	36	13

Examiner's Signature *David B Cochran* Initials *DBC*

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TITLE

Computer based patient record management system and method

☐ All Fees

FILING FEE	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> 1.16 Fees (Filing)
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